

Canal Winchester Community/Senior Center

22 S. Trine Street
Canal Winchester, OH 43110
Phone: (614) 837-8276
Fax: (614) 837-8121

RENTAL AGREEMENT

Organization Name _____

Responsible Party _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

Date of Rental _____ Time: From _____ to _____

Type of Activity _____ Estimated # of People _____

RENTED _____ Large Multi-Purpose Room - \$40 per hour for village residents/ taxpayers
\$60 per hour for nonresidents
_____ Kitchen - \$15 per hour for village residents/ taxpayers
\$20 per hour for nonresidents

I have read the rules and regulations for rental of the Canal Winchester Community/ Senior Center, and in signing, I agree to abide by these rules and regulations. I agree to accept full responsibility for any damage done to the center property by those in attendance and to leave the premises clean. I understand that my security deposit of \$100.00 is due the day the reservation is made, and at the discretion of the center director, will be returned to me approximately 30 days after the event.

Should the event be cancelled, my security deposit will be refunded provided notice of cancellation is given at least 10 business days prior to the scheduled event. I also understand that rental charges are DUE IN FULL at least 10 business days prior to the scheduled event.

Security Deposit \$ _____ Date Paid _____ Check # _____

Total Rental Fee \$ _____ Date Paid _____ Check # _____

Signature of Renter _____ Date _____

Director's Signature _____ Date _____

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For Office Use Only

Security Deposit Refund Requested: Date _____ Amount \$ _____

Date Refunded _____

Reason for deduction in Deposit Refund _____